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TO A MICHAEL			10/829,483				
TRANSMITTAL			Filing Date	October 9,	er 9, 2003		
FORM		First Named Inventor	Kunkler	Kunkler			
			Art Unit	3746	3746		
(to be used for all correspondence after initial filing)			Examiner Name	Rodriquez	Rodriquez, William H.		
Total Number of Pages in This Submission 12			Attorney Docket Number	066312-00	066312-003-C1		
Total Number of	r ages in this odonission						
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	mittal Form e Attached		Drawing(s) Licensing-related Papers		Appe	Appeal Communication to Board of Appeals and Interferences	
After Final After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Remarkable Remarkable Remarkable Remarkable Remarkable Remarkable Remarkable Remarkable Remarkable Commission Com			Address D to charge ar	(App			
	SIGNA	TURE (OF APPLICANT, ATTO	ORNEY, C	OR AGENT		
Firm Name	Thompson Hine LLP						
Signature	gnature Mu.P. / //www.						
Printed name Michael J. Nieberding							
Date	Date 11/1/2006 Reg. No. 39,316						
I hereby certify that sufficient postage	at this correspondence is b	eing facsi	CATE OF TRANSMISS imile transmitted to the USP Idressed to: Commissioner f	TO or depos	sited with the U	nited States Postal Service with Alexandria, VA 22313-1450 on	
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. eas parsonn to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/829,483 **Application Number** Filing Date October 9, 2003 For FY 2006 NOV. 0 3 2006 Kunkler First Named Inventor **Examiner Name** Rodriguez Applicant firms small entity status. See 37 CFR 1.27 Art Unit 3746 ADENTION OF PAYMENT (\$) 330.00 066312-003-C1 Attorney Docket No. **METHOD OF PAYMENT** (check all that apply) Credit Card Check None Other (please identify): JMoney Order L Deposit Account Name: Thompson Hine LLP Deposit Account Deposit Account Number: 20-0809 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES** Small Entity **Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 250 100 Design 200 100 130 100 50 65 Plant 200 300 160 100 150 80 Reissue 300 150 500 600 300 250 Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 100 200 180 360 Multiple dependent claims **Multiple Dependent Claims Total Claims Extra Claims** Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = X Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) 200 200.00 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Numbér of each additional 50 or fraction thereof Extra Sheets Fee Paid (\$) Fee (\$) Total Sheets - 100 = _____ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Terminal Disclaimer Fee 37 CFR 1.20(d) 130

SUBMITTED BY			
Signature	Thef.	Registration No. (Attorney/Agent) 39,31	6 Telephone 513-352-6700
Name (Print/Type)	Michael J. Nieberding		Date 11/1/2006

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